

THE MEDICAL AND SURGICAL REPORTER.

No. 882.]

PHILADELPHIA, JAN. 24, 1874.

[Vol. XXX.—No. 4.]

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

SOME PRACTICAL HINTS FOR THE TREATMENT, AND FOR THE PREVENTION OF UTE- RINE DISORDERS.

BY WILLIAM GOODELL, M. D.

Physician in Charge of the Preston Retreat;
Clinical Lecturer on the Diseases of Women and
Children, in the University of Pennsylvania, etc.

(Continued from No. 881.)

Prolapse of the Womb.—For a clear understanding of this lesion, and for its better treatment, it should be divided into three distinct varieties: (a) prolapse of the womb proper, viz., a descent of the womb as a whole; (b) prolapse of the cervix from growth (hypertrophic elongation) of its vaginal portion; (c) prolapse of the cervix from elongation (by traction) of its supra-vaginal portion. In the first variety there is a descent of the whole womb, together with its furniture of ovaries and ligaments; and but little, if any, increase in the length of the uterine cavity. In the other two there commonly is, although unessential, a more or less sinking down of the fundus, either from the newly acquired weight of the cervix, or from traction upon the cervix, and there always is a marked increase in the length of the uterine cavity.

The degree of displacement in the first variety, being proportionate both to the weight of the prolapsing body and to the relative relaxation of its supports, the womb will be found either more or less low down in the vagina, as in incomplete prolapse, or else wholly extruded from the vulva, as in

complete prolapse. The terms *complete prolapse* and *incomplete prolapse* are, to my thinking, preferable to those of *prolapsus uteri* and *procidencia uteri*, because no two writers agree as to the meaning of the latter terms; for by some they are used interchangeably, as if they were synonyms, and by others in a contradictory sense. An incomplete prolapse is a common accompaniment of retroversions and retroflexions; in fact, the latter are but transitional stages of descent modified by the firmness of the vesico-uterine attachments which sling the womb from its middle. The complete prolapse can be readily discriminated from the other two varieties, by noting the inversion of the vagina, and the distinctness with which the whole of the projecting pyriform tumor can be outlined by the grasp of the fingers. The uterine cavity will not be found unduly lengthened out, and the tip of the sound can be felt in the mass outside of the vulva. To clinch the diagnosis a rectal examination will show that the womb and vagina have vacated the pelvis. Although not so frequently met with as the third variety, *prolapse of the cervix from elongation of its supra-vaginal portion*, yet it will occasionally be found in old women, whose vaginas have become lax and wrinkled through the absorption of the fat-packing of the pelvis, or whose spines have lost that important double curve. In younger women, sub-involution, or such congestions as increase the thickness of the uterine walls in every direction, long-continued vomiting, tight-lacing, the wearing of skirts unsupported from the shoulders, lacerations of the perineum, and last, not least, the pro-

longed use of the obstetric binder, are the usual factors in the production of this kind of displacement.

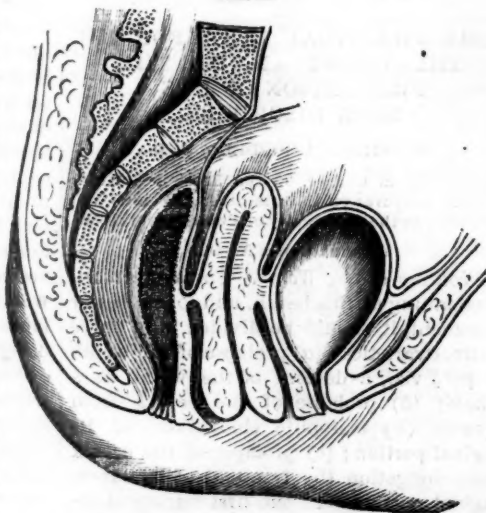
In the treatment of this variety of prolapse, whether complete or incomplete, the same kinds of pessaries are to be used as are mentioned under the heading of retroversions and retroflexions. In some cases Cutter's or Spooner's pessary answers best. In very rebellious cases the proprietary cup-and-stem pessaries will sometimes, although very rarely, be found useful in propping up the womb. In addition to its replacement, the womb, when congested, must be treated by local depletion, by the hot douche, by vaginal injections of solutions of common salt, of the chlorate of potassa or of the astringents, and by the topical remedies previously described. The patient must be enjoined to keep the contents of the bowels soluble, to avoid the lifting of heavy weights, and to wear loose clothing supported from the shoulders. To maintain the erect carriage, and to restore the sigmoid curve to the spine, a suitable brace will be found an excellent adjuvant to the above treatment. Of course, the perineum, when torn, must be restored. This operation will of itself temporarily prevent the extrusion of the womb; but it can give permanent relief only when it furnishes to the pessary a firm base of support. For, by this time, the uterine supports have become very much relaxed or stretched; and the uterus itself, from friction and from exposure to the air, has acquired some degree of hypertrophy, in its totality, however—fundus, corpus, and cervix—and not in one portion to the exclusion of the other.

In the second variety of prolapse, viz., *prolapse of the cervix from growth of its vaginal portion*, an entirely different condition obtains. As its name indicates, through nutritive activity the vaginal portion of the cervix becomes larger and longer than natural. Although its increased weight drags down the womb somewhat, yet this is so unessential a sequence that this affection has, by Virchow, been termed "prolapse of the womb without locomotion of its fundus." A very marked degree of growth is uncommon. Whenever the vaginal portion of the cervix is so long as to protrude from the vulva, it is, as a rule, either a congenital condition, or an exaggeration of a congeni-

tal condition, and is therefore found in nulliparae. One of its modifications, the conical cervix, is interesting from its bearing upon dysmenorrhœa and sterility. In child-bearing women, through cervical metritis excited by the contusions of repeated labors, the vaginal portion takes on a hypertrophy, but this is less an elongation than a general increase in every direction. There is yet another form of hypertrophic elongation which involves one lip of the os, usually the anterior. From its resemblance to the snout of the tapir it has gained the name of *tapiroid*. All these acquired forms of hypertrophy are usually traceable to the injuries sustained in labor or to defective involution.

By consulting the diagram (Fig. 13) it

FIG. 13.



will be seen that the diagnosis of this affection is not difficult. Its character is sufficiently marked by the unnatural length of the uterine cavity, by the absence of vaginal inversion and of vesical prolapse, and by the presence in the vagina of a cone-shaped tumor evidently prolonged out of the cervix, and bearing at or near its extremity the os externum. This form of prolapse needs no treatment unless the growth of the cervix is excessive, or unless it interferes with the comfort or the fecundity of the woman. Whenever the cervix is unduly voluminous it may be amputated, and that by the scissors, the écraseur, or the galvano-cautery. The merely conical cervix, however, rarely needs shortening. Slow dilatation by

sponge-tents just before the catamenial flux, or preferably, rapid expansion by the dilator just after, will usually be followed by conception, and parturition then completes the cure.

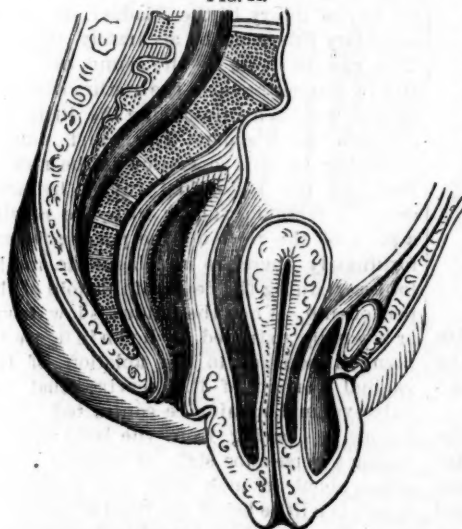
The third variety of prolapse, *prolapse of the cervix from elongation (by traction) of its supra-vaginal portion*, is entirely distinct from the other two, and is, perhaps, the most commonly met with. Essentially it is a hernia of the bladder and of the vagina acting mechanically upon a tensile womb. In other words, the initial event is a prolapse of the conjoined bladder and vagina, which, by traction on the cervix of a congested or of a subinvolved womb, draws out the then ductile supra-vaginal portion, viz., that portion of the neck and body which lies between the uterine ligaments above, and the vesico-vaginal attachments below. The lower portion of the corpus participates in this elongation, because its muscles are less strongly developed than those of the upper portion. But the elongation is greatest at and just above the internal os, because, from the absence of muscular structure at this

trudes from the vulva, it does so more through elongation than from displacement. There is a descent of the cervix, a prolapse of the cervix, if you please, without necessarily any sinking down whatever of the fundus.

Protruding from the vulva there will be found a large boggy tumor, looking very like the snout of a pig or the penis of a horse. In shape like a truncated cone, its apex will be occupied evidently by the vaginal portion of the cervix, which is clubbed, hypertrophied, but not much elongated. The opening at the apex is usually funnel-shaped through the eversion of the lips of the os, and the cervical canal thus lies exposed to view for some distance up; so that the internal os becomes almost an external one. Upon grasping the tumor it will be found that only a portion of the womb is outside of the vulva, and that the apex, which corresponds to the vaginal portion, is soft and spongy; while, running through the base of the tumor, as far up as it can be reached, may, on firm pressure, be felt the wire-drawn supra-vaginal portion of the cervix as a hard stem or cord, not thicker than the little finger. Very commonly, from exposure to the air, from friction, and from the contact of the urine, which can no longer be projected in a stream, the tumor is the seat of two or more true ulcers, always excavated, sometimes covered by a croupy exudation, and usually liable to bleed. The fundus may, or may not, descend very materially; and upon this circumstance depends the kind of treatment. The sound, by a little coaxing and by raising its handle, will, in the great majority of cases, pass in to a distance of not less than five inches. When the protruding mass is pushed back into the vagina, the sound always gives a much shorter measurement. This behavior is worthy of note, because it is one of the proofs that the supra-vaginal portion of the cervix is lengthened out by traction; and that, when relieved of the weight of the bladder and vagina, it shrinks back like an overstretched rubber band.

On sounding the bladder it will be found so greatly prolapsed as to form a large portion of the hernial mass, for the tip of the sound will be felt outside of the vulva, very near to the apex of the tumor. The vagina is turned completely inside out, forming a hernial sac which contains (see fig. 14) the supra-vaginal portion of the cervix uteri, a very large pouch of the bladder, the vesico-

FIG. 14.

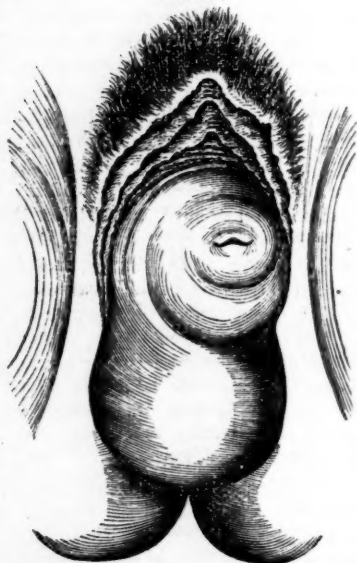


point, the resistance there is least. By impeding the circulation of the vaginal portion, this traction begets an eversion of the os and a circular hypertrophy of its lips.

By examining figure 14, it will readily be seen that the term *prolapse of the womb*, as applied to this kind of elongation, is a misnomer; because, although the cervix pro-

uterine and the recto-uterine peritoneal folds, and occasionally a small pouch of the rectum. In exceptional cases the whole womb will, in a state of retroflexion, finally overcome the resistance of its ligaments, and get entirely outside of the vulva and wholly in the vaginal sac. The weight and size of the tumor will then make the woman straddle widely as she walks, and cause her to lead a very miserable life. The appearance of the tumor under such circumstances is so peculiar as to be hardly mistakable. It is very faithfully represented by figure 15, which I have copied from an admirable paper by Dr. Isaac E. Taylor.*

FIG. 15.



The bulge of the retroflexed fundus makes the posterior wall of the vaginal sac hang down below the snout-shaped cervix, like a dewlap.

In this third variety of prolapse pessaries are usually of no avail whatever. They cannot keep up the prolapsed cervix without bending almost double its elongated and stem-like portion, and the pain is, therefore, liable to be unbearable. Even a perineal pad is generally insupportable. Rest in bed for a few weeks, by taking off the weight of the prolapsed bladder and vagina, will cause the overstretched cervix to shrink back very materially; and a suitable pessary, such as

Hodge's, Cutter's, Spooner's, or a cup-and-stem pessary with an external base of support, might then be adjusted, which would, perhaps, keep the prolapsing organs in their proper position. But at best, the womb is too ductile, the vagina and perineum too relaxed, even when contracted by appropriate operations, to render this treatment other than tedious and unsatisfactory. The desideratum here is something that can furnish a support to the unstable pelvic organs, and, at the same time, consolidate the ductile womb by giving a fillip to the now dormant process of involution. Whenever, therefore, the fundus uteri has barely sagged down, that is to say, the uterine ligaments have been strong enough to resist the traction, a radical cure is attainable by the ablation of the vaginal portion of the cervix, and this should be done either by the wire-écraseur, or by the galvano-caustic loop. The long continued suppuration from the open wound sets up such nutritive changes as permanently contract and consolidate the elongated portion of the cervix, and cause it, by virtue of the uterine stays, to sustain *in situ* the bladder and vagina. Before amputating the cervix, for fear of injury to the bladder, its lower boundary line must be accurately defined. This can be done by the sound, or better still by stretching open the urethra with the dilator, and then introducing the little finger into the bladder. The chief danger attaching to this operation is the risk of invading the abdominal cavity by accidentally removing, along with the cervix, a piece of the recto-uterine pouch; for unfortunately there are no diagnostic marks for ascertaining the depth of this fold of the peritoneum. When the fundus is low down, or is wholly extruded, as shown in figure 15, then, in addition to the ablation of the vaginal portion of the cervix, must the vulvo-vaginal opening be contracted. This is done by paring from the labia and the vagina a horse-shoe strip of mucous membrane, about an inch wide and extending to points a little below the level of the meatus urethrae; and by bringing together the raw surfaces by wire sutures, just as in the secondary operation for lacerations of the perineum. By combining these two operations I have succeeded in finally curing cases which every other method had failed even to relieve.

[To be Continued.]

*On Amputation of the Cervix Uteri; Bellevue and Charity Hospital Reports, 1869.

THE THERAPEUTICS OF GELSEMINUM.

BY W. C. HULL, M. D.,
Of Monroeton, Pa.

When we proceed to investigate the therapeutic powers of a new agent, there are two general heads under which our studies should be conducted.

1st. Prove its effects on a healthy organism.

2d. After having determined its physiological action, proceed upon general principles to elicit its remedial powers. A knowledge of drug action on the healthy organism enables us to form some idea of its adaptability to morbid states; but it may still have occult curative powers, which can be discovered only by empirical tests. The action of the sulphate of quinia in health affords no indication of its specific power over ague; but the sleep and insensibility produced by opium present sufficient evidence of its ability to relieve insomnia and pain. There are numerous sources of error, which are apt to mislead us in the study of practical medicine. The "*vis medicatrix nature*" must not be lost sight of by the attentive and candid investigator. Perhaps there is no mistake more frequently made by physicians, than the one of attributing cures to remedial action which are really due to natural effort. In the larger proportion of cases we are called to treat the natural tendency is to health, for within certain limits the human organism embraces within itself the elements of recuperation.

The question arises, how can we, in a given case of recovery under treatment, determine the relative amounts of recuperative and remedial power? The fact is we can never isolate the two forces; recuperative power is the germ of all cures; hygiene and medicine do no more than to develop this conservative principle of life into more potent energy. In some cases of disease life would undoubtedly be sacrificed without appropriate treatment, but instances of this kind are far less numerous than was formerly supposed. The expectant plan of treatment, which has been thoroughly tested during the last few years, has established the fact that the sick recover without treatment in a large proportion of curable diseases. The actual curative power of medicinal agents can only be determined by their repeated use in the same disease, and

then comparing the general result with the expectant plan of treatment in a like number of cases. So far as attainable, this comparative method gives us the absolute value of remedies, which is the very thing we ought to know, in order to avoid drugging our patients to no purpose, or to their irreparable injury.

It has been frequently demonstrated by the absolute test, that some popular modes of treatment *prolong* instead of cutting short the progress of disease; hence, I insist upon the importance of comparing medicinal with expectant treatment. Relative medicinal tests are valuable, when it has been proved that the agents compared do not prolong but abridge disease. I have introduced these preliminary observations, in order to stimulate investigators to prove, so far as possible, the absolute powers of medicinal agents.

Gelsemium Sempervirens, yellow jasmine, was used throughout the Southern States as a vermifuge, in domestic treatment, long before its special affinity for certain forms of fever was discovered. Its first use in the treatment of fever was the result of a mistake made by the servant of a Mississippi planter, for a full account of which see U. S. Dispensatory, page 421. According to my observation, the most obvious effects of gelsemium on the human organism are, vertigo, slight delirium, pupillary dilatation, amblyopia, diplopia, congestion, general prostration, muscular relaxation and diaphoresis. The four conditions of the ocular organs, congestion, amblyopia, diplopia and pupillary dilatation, indicate a diminution of nervous force, which results in partial paralysis. It is my opinion, that in order of sequence, the congestion (a result of vasomotor enervation) occurs first, and the three other conditions supervene in consequence of obstructed capillary circulation. There is not evidence sufficient to prove that gelsemium acts *directly* on the cerebral ganglia. Physiology has established the fact that the circulation of the blood through the capillary vessels is effected to a considerable extent by the natural tonicity of their coats. This tonicity of the capillary coats is dependent upon the vasomotor fibres of the great sympathetic; so whatever impairs the function of this nerve must produce capillary congestion. Gelsemium acts directly on the great sympathetic, diminishing the amount of nerv-

ous force transmitted through the vasomotor system of nerves to the capillary vessels, impairing their tonicity and producing congestion.

The secondary effects are such as we might expect from an interrupted circulation, viz., general prostration, muscular relaxation with debility, and a feeble, slower action of the heart. It is asserted by some writers that gelseminum is an arterial sedative, but this is an obvious error. *Veratrum viride* is a good example of a true arterial sedative; it acts directly on the heart, diminishing the frequency and force of its action. Gelseminum acts directly on the capillary vessels, impairing their tonicity, and obstructing the flow of blood through them. *Veratrum viride* acts upon the central, while gelseminum acts upon the peripheral portion of the vascular circle.

Although both agents, in a different order, restrain the action of the heart, their range of application to the treatment of disease is widely different. *Veratrum* is adapted to the treatment of congestive and inflammatory diseases, for by directly restraining the heart's action, less blood is forced into the weakened and distended capillaries, and resolution is facilitated. Gelseminum is not indicated in the treatment of those conditions, as it indirectly restrains the heart's action by first producing general capillary congestion, a morbid state which always aggravates existing local lesions. Its use in congestive diseases would be similar to the act of throwing benzine into a fire, with the expectation of putting it out. The peculiar action of gelseminum on the nervous system affords no indication of its specific curative powers, in certain fevers. Its occult virtues were first discovered by accident, and subsequently more fully developed by empirical tests. Since my location in Monroeton, less than three years ago, I and my late partner, Dr. D. N. Newton, have used gelseminum in at least one thousand cases of the diseases incident to this section. The general conclusion we have reached regarding it may be thus epitomized:—

1st. It is not adapted to the treatment of inflammatory and congestive diseases.

2d. It inflicts positive injury in active congestion.

3d. Its therapeutic scope does not extend much beyond certain simple forms of fever.

4th. In order to obtain its specific action

in fever, it must be rapidly introduced into the system, until its characteristic effects are produced upon the organ of vision.

5th. It can be given in full doses, with entire safety, in those cases to which it is adapted.

I will not attempt to enumerate the various forms of disease in which gelseminum has either failed to evince any curative action, or has proved to be inferior to other remedies, but content myself with naming the affections which, in my hands at least, it has certainly benefited. In bilious, catarrhal, and the gastric fevers of childhood, it is nearly a specific. In typho-malarial fever, when there is a marked predominance of the malarial character, it often aborts it. I usually give five drops of the fluid extract every two hours, until six doses are taken, then extend the interval to four, six, or eight hours, according to the effect. Usually at some period within twenty hours, the patient begins to complain of vertigo, double vision, impaired sight, muscular weakness and languor; a little later, a copious sweat comes on, and the fever, if simple and free from local lesions, is broken and returns no more.

THE USE OF OPIUM IN OBSTETRICS.

BY HIRAM CORSON, M. D.,
Of Conshohocken, Pa.

My article, "On Opium in Labor and as a Preventive of Abortion," published in the REPORTER of May 31st, has called forth several very valuable papers. The first from Prof. Harvey L. Byrd, of Baltimore, in the number July 19th, is an exceedingly clear exposition of the action of opium, chloroform and anesthetics in general in labor, followed by some proper advice respecting their administration. This was followed, in the number for July 26th, by an article entitled, "Ergot in Threatened Abortion," by Dr. S. B. Flowers, of North Carolina, who in response to my query: "Would we ply a woman with ergot when pregnant or threatened with abortion?" says, "I would," and narrates three cases, most decided cases of uterine hemorrhage and threatened abortion, in which he used fluid ext. ergot in large doses, with the effect to arrest the hemorrhage and enable the woman to go on to full term. In conclusion he asserts his confidence in ergot as a valuable remedy to prevent abortion. This was

followed, in the number for August 2d, by an essay: "Ergot in Abortion," by Dr. J. W. Saunders, of Clinton, La., in which, after quoting my inquiry, he says: "I claim and can establish, by at least fifty cases, that when threatened abortion is evidenced by pain and hemorrhage, ergot in full doses is the safest and most certain remedy known to the profession, not for checking the hemorrhage and expelling the contents of the uterus, but to check hemorrhage and retain the fetus *in situ*, with safety to both mother and child." This is a strong assertion, and if the experience of others should confirm the testimony here given, ergot will hereafter hold a new place in the *Materia Medica*, and we be forced to acknowledge that we have heretofore ascribed to it powers it did not possess. Dr. Saunders not only speaks thus confidently of the safety of ergot, but tells us the cause of abortion and the modes by which ergot acts. He says: "The prolific cause of abortion is a relaxed atonic condition of the muscular walls of the uterus, and that ergot, by its special action upon that organ, restores tone, brings it back to a normal condition, and thereby stops hemorrhage and prevents abortion." I hail with real pleasure the testimony of those two physicians. It is positive. They have done, one through fourteen years, and the other during eight years, in numerous cases, what I in common with the whole profession have been afraid to do; namely, to give ergot in cases of uterine hemorrhage where abortion was threatened, and where we wished to save the child, and they have always succeeded. I have anxiously looked for still more testimony in this matter, and have not looked in vain. In the *REPORTER* for October 4th, there is a communication from Dr. W. S. Battles, of Shreve, Ohio, entitled "Is Ergot an Oxytocic," in which he says: "In women of relaxed habits threatened with abortion, especially when hemorrhage is present, I administer with the utmost confidence the ergot of rye, and have not now, nor do I ever expect, to report any unfavorable results." He thinks, "the chief difficulty leading to accident in abortive women is asthenia," and "if by the use of ergot we raise the status of the nerve force near to the natural standard, we would maintain and continue the gestation. While if precisely the same thing was done at the time of parturition the condition produced by the same

article would manifest its action, perhaps, in the speedy expulsion of the child. Being in the one case the means of preserving the life of the child, and in the other the means of the speedy delivery of the mother." I cannot give all he has said, but I think I have fairly expressed his views. Here, then, we have three experienced physicians, who positively assert that in cases of threatened abortion, ergot, which we have all been afraid to use because of its well known power to cause expulsive contraction of the womb, is the very best and safest remedy. I have no theory to advocate here. I would indeed be gratified to know that we have in ergot the valuable remedy spoken of; but allow me to call attention to the fact that both Drs. Saunders and Battles endow ergot with the power, prior to the ninth month of gestation, to quiet muscular contraction, relieve pain, and retain the fetus, and at the ninth month to produce contraction of the muscles of the womb, cause pain and expel the child. If the most striking power of ergot is to produce expulsive contraction of the elongated muscles of the womb, surely the profession acted with commendable caution in avoiding its use in an impregnated uterus; and we will have to be convinced by actual experience with it that it has no such power, before conscientious men will feel free to use it where abortion is threatened. Let us suppose a woman to be in her fifth month; she finds herself having an uneasy bearing down sensation, accompanied by pain at each contraction of the womb. She is very desirous not to miscarry, and calls the physician. He finds that as yet there is no hemorrhage, but he says to her, "unless you can allay the contraction and thus quiet the pain, you will soon have hemorrhage, for as the muscles of the womb contract, they separate the placenta partly from the womb, and thus bleeding takes place; you must lie down, take opium to stop the contraction, and then no hemorrhage will be likely to take place." Hundreds of times I have done this with success. But they will say ergot is a narcotic, and it will allay the pain by virtue of that power. Or, in the case supposed, as excitants of the nerves of organic life, they could use either opium, ergot, quinine or alcohol with success in the case.

Professor Tully, of New Haven, one of the closest observers of the effects of medicines the profession has ever known, believed

ergot to act by its narcotic power on the uterus, to produce powerful contractions of its expulsive muscles, and not, as the writers quoted believe, to prevent their contraction. At page 1848 of his *Materia Medica*, in his "Proem to the class Ecbolica," he says: "Claviceps purpurea (ergot of wheat, rye, etc.) is believed to have the power of acting directly upon the muscular fibres of the uterus, producing contractions when they were not previously occurring, and increasing them where they previously existed." On page 1850, he says: "When I have known this article given freely as a narcotic, and in women not gravid, they have usually complained much of what they denominated 'cramps' in the region of the uterus, which other physicians pronounced unequivocal spasms. Of this I am not quite so well satisfied as they appeared to be. But what were they, if not spasms? I should myself be inclined to consider them as spasms if I could believe the unimpregnated and contracted uterus as capable of being affected with spasms. In an impregnated uterus, one that had been gravid for a few months, I doubt not that the effect of claviceps would have been uterine contractions, whether spastic or not will soon appear.

Professor George B. Wood and other writers on *Materia Medica* speak of its power to produce contractions of the uterine muscles at every period of gestation. And although during the last few years ergot has come into use in hemorrhages of various organs, under the belief that it causes a contraction of the diameters of the blood vessels, yet it has seldom been used in uterine hemorrhage, except in post partum hemorrhage, or where it was no longer desirable to attempt to save the child, because of its well known power to cause uterine contraction at every period of pregnancy. This belief that the primary and specific action of ergot is to produce contraction of the uterine expulsive muscles is the almost universal opinion. And in the whole range of the *Materia Medica* there is not a single other medicine that has scarcely the least claim to a similar operation. Where is the obstetrician or the eminent surgeon who, when he wishes to cause uterine contraction, would select any other article but this? Even the cherished whiskey would not be called for. That it has this action, and that it is not similar to the effect produced on the womb by opium, or quinine, allow me to present some facts.

Many years ago I was invited by Dr. Washington Atlee to witness his efforts to remove an intra-mural tumor of the womb. In that case, after incising the inner wall, over the tumor, he relied on the expulsive property of ergot to force the tumor from its bed into the vagina. He gave ergot every hour during the whole day, with the effect to produce strong bearing down pains and efforts to expel, during all the time of its administration. Before bedtime he ceased to give it, and gave a full dose of opium, which soon made the patient comfortable until morning, when the ergot was again resumed; and so he went on day after day, until the tumor was forced away.

Dr. Atlee holds the opinion that ergot exerts this power to produce contraction, expulsive contraction, of the muscles of the uterus at every period of gestation, as may be seen by reference to his Prize Essay, published in the "Transactions of the American Medical Association" for 1853. At the end of that essay he remarks: "This case, as well as others, illustrate that ergot will induce contraction of the uterine fibre *ab origine*, not requiring, as is supposed, to be preceded by parturient efforts. It would seem that one condition necessary to the specific action of ergot is an elongation or greater development of the muscular fibre from any cause. This condition may be either partial or general, and its cause may be located either in the parenchyma of the muscular wall, or in the cavity of the uterus. Under either of those circumstances, the tendency of the action of ergot is to restore the elongated fibre to its original normal condition. Ergot, therefore, becomes a powerful agent in the treatment of fibrous tumors of the uterus. In intra-mural tumors, or those entirely encased, I make an artificial os tince with the bistoury; the expanded fibres, stimulated by ergot, contract, and the tumor is expelled, on the same principle that a polypus or an ovum is expelled by the uterus." Although this was written by Dr. Atlee twenty years ago, he endorses every word of it to-day. Within a month, Prof. T. G. Thomas, of New York, while lecturing to his class on the diseases of women, gave utterance to precisely the same sentiment in relation to the power of ergot over the muscles of the womb. Professor Geo. B. Wood says: "It is, perhaps, the only medicine which specifically promotes contraction of the uterus," and adds, "it

has been in use for that purpose since 1807."

But why bring forth individual testimony? Is it not the belief of every obstetrician in the whole country, and even of the gentlemen who use it to prevent abortion? Now, is it possible that this substance, which in the hands of Dr. Atlee never fails to produce contraction of the expulsive muscles of the womb at his bidding, whether in pregnancy or in uterine tumor, and by means of which he has forced from their beds scores of uterine tumors, should forget its cunning when given to arrest hemorrhage from the womb, and should compel its muscles to remain quiet while it seals up the mouths of bleeding vessels by contracting their diameters? Who that has seen the slight pains and weak contractions of the womb, in a case of labor or abortion, assume, in a few minutes, under the action of a dose of ergot, a violence which almost frightened him, can believe that the pregnant woman may take this agent with no fear of ill consequences, or that, when given in the early stage of abortion, it will have a reverse action from that which it exerts to bring away the ovum when all hope of saving it is lost? For more than forty-five years it has been to me a faithful servant; promptly at my bidding compelling the expulsive muscles of the womb to put forth all their power to empty the organ of its contents. Have we all been mistaken? Have Atlee, and Wood, and Thomas, and Tully only fancied that it had an effect such as they desired? Would quinine, opium and alcohol have done as well? Dr. Battles, in *REPORTER* of Oct. 4, page 239, appears to think ergot, quinine, opium and alcohol all act in the same manner, and it is immaterial which is used. He says: "We find a patient where all the manifestations of labor are present, but the process goes on slowly, or ceases altogether; we administer an ounce or two of alcohol, and very soon action is aroused, the labor speedily terminates, and it would have done so, precisely, under the influence of ergot, quinine or opium, or any other medicine that has the property of an excitant of the latent energies of the nerves of organic life."

Having thus presented both sides of this question, I am free to say that, although ergot has, during my long practice, seemed to have the power ascribed to it, yet, knowing how easy it is to be deceived, and to attribute to remedies effects due only to na-

ture, I shall await with deep interest the results of whatever experiments or trials may hereafter be made to ascertain whether it really has power to act on the muscles of the unimpregnated or recently impregnated womb. Many have doubted such action, even in the face of the reliance of Dr. Atlee and other surgeons upon it. Since reading the essays of Flowers, Saunders and Battles, I brought the subject before our County Society. Several of the members reported cases in which, believing that miscarriage would certainly occur, they concluded to give ergot and bring the ovum away, when lo! instead of the expected result, the hemorrhage ceased and the ovum was retained. But, though the fact was before them, it taught them nothing. They supposed that the medicine had failed to produce its wonted effect, and they were glad of it. I, too, have occasionally seen it quite impotent in cases where I desired to remove an ovum, but I learned nothing from it. During my practice I have known women to drink bowlful of a strong decoction of secale cornutum to cause abortion before quickening—supposing that before that time the child had no life, and, therefore, "it was not harmful to bring on the courses"—without any effect, and yet I was blind in the presence of the lesson. I supposed the medicine was not good, or just in that case happened not to act properly. When we recollect the powers that were ascribed, during a century, to calomel, and that now there are none to do it reverence, we should be open to conviction in other cases. The testimony of the three gentlemen spoken of is so conclusive, as to the safety and value of the medicine, that it seems to me it should stand up against the experience of half a century, when, during that half century, we had been afraid to try it in like cases. I regret that they have attempted to show identity of action in opium, quinine, alcohol and ergot.

ABSCESS WITHIN THE CAVITY OF THE THORAX, CAUSED BY GUNSHOT WOUND.

BY W. L. APPLEY, M. D.,
Of Cohecton, N. Y.

Mr. T. R., aged about 30 years, a farmer and lumberman, on the 14th of April, 1872, while cleaning a revolver, accidentally discharged it at his breast, the ball entering the left side, about two inches below the

nipple, taking an upward and outward direction, passing between the ribs and obliquely through the muscle, without the pericardium, into the substance of the lung, where possibly it became imbedded and still remains; blood and air escaped from the wound. He was attended by three or four physicians up to September 25th, 1872. At this time I was called to see the patient, in consultation with Dr. Sturdevant, of Deposit, N. Y., one of the attending physicians, who informed me that the immediate result of the wound was traumatic pneumonia, followed in a few days by a profuse bloody, serous discharge from the wound, cough, with bloody expectoration. A few days later the discharge from the wound became purulent and was profuse. His physicians apprehended a fatal result. We found him prostrated and emaciated, with cough and expectoration; the suppuration from the wound was profuse. Our opinion was that the opening or wound did not communicate freely with the cavity of the chest. We considered it indispensable for his recovery that the pus should be freely evacuated.

The patient living fifty miles or more from me, I did not see him again until the eleventh of October. We then enlarged the opening and introduced a No. 12 flexible catheter, which dipped downward and backward some four to six inches, and with an eight ounce metal syringe attached to the gum catheter by rubber tubing. We were careful to have the piston well fitted, and the rubber tube well adapted to the catheter at one end, and to the pipe of the syringe at the other end, the whole to act as a suction-pump, which it did to our satisfaction. We could not believe that the complicated and expensive aspirator could have done any better in this case. We endeavored to obtain, and think we did, a complete evacuation of the contents of the cavity of the abscess. We removed about eight ounces of pus, and then injected warm water and pumped it out again. We kept up the treatment for a week, Dr. S— applying our pump and emptying the abscess every morning, and washing it out with warm water. At the end of the week the discharge had entirely ceased, and the wound closed. He rapidly gained in strength and weight; his cough ceased. The first fifteen days after the wound ceased to discharge he gained fifteen pounds, a pound per day. He worked in the lumber woods, driving team, last win-

ter; worked at farming last summer, and is again working in the lumber woods this winter. Our patient had profuse and exhausting suppuration, with cough, debility, hectic, and all the symptoms of phthisis. The treatment employed produced a satisfactory recovery without the case exhibiting any complications. He has since suffered no pain or inconvenience by which the location of the ball could be exactly indicated. His recovery is perfect; and is it too much to claim that the evacuation of the pus from the cavity of the thorax saved the life of our patient?

Mr. Gurthrie, in his military surgery, in the treatment of wounds of the thorax made by small balls, says: "In cases in which the external opening or wound does not communicate freely with the cavity of the chest, the principal danger arises from the inflammation of the pleura, ending in effusion, which if not evacuated leads to the loss of the individual."

HOSPITAL REPORTS.

LONG ISLAND COLLEGE HOSPITAL.

SESSION 1878-'79.

Clinic of Prof. A. J. C. Skene, M. D.—Diseases of Women.

(REPORTED BY GEO. W. CUSHING.)

Procidientia Uteri.—Operation of Elytrorhaphy.

History.—Bridget H., æt. 52 years, married eighteen years, and the mother of three children. The change of life occurred five years ago, the function of menstruation having been regular in all respects up to that period. For the last six years she has had dragging sensations within the pelvis. The trouble causing these feelings gradually increased and interfered with the functions of the bladder and rectum. Two years ago she appeared at the out-door clinic for treatment, and an examination at that time revealed the uterus prolapsed in the first degree. She neglected to attend as ordered, and was lost sight of until this time.

Present Condition.—There has been a general aggravation in her symptoms. She now has constant pelvic tenesmus, profuse leucorrhœal discharge, appetite poor, bowels constipated, micturition frequent and painful. The prolapsus has no doubt progressed, as the patient states that "something comes down outside."

Examination.—On bringing the external parts into view, we find projecting through the vulva a large tumor, which, on more careful examination, proves to be the uterus in a condition of complete prolapsus. The cervix and surrounding tissues are very

much congested, and the os denuded of its epithelium and very patulous, owing to the tension of the vaginal walls. The passage of the sound shows tenderness of the uterine cavity, which is increased in size to three inches. The mucus membrane lining the vaginal walls exhibits a marked change from the normal appearance, the constant exposure to the air and friction with the surrounding parts giving it the look of true skin. The perineum is ruptured in the first degree, and the remaining portion has lost its contractile power. The vaginal walls are very much distended and the uterine ligaments are elongated by the action of the prolapsed uterus.

Comments.—The history of this case shows that the trouble is of long standing, and that it progressed very slowly for a time, but has increased more rapidly within the last few years. This is exactly the history of many cases of prolapsus, when it occurs in patients somewhat advanced in years. The pathology in this case illustrates a very large class of cases of displacements of the uterus, in which there is anatomical and functional imperfection of the perineum, a slight rupture of the perineum first permitting the vaginal walls to wedge down into the introitus vulvæ, and thereby distend the parts, until they lose all their tonicity, and become unfit to give any sufficient support to the pelvic organs.

Treatment.—Two indications are evident in this case. First, to replace the dislocated organ. Second, to retain it in place. This we accomplish by surgical means. The reposition of the uterus can be accomplished without much difficulty in this case. By making gentle and persistent taxis, I carry the organ through the vulva and upwards in the direction of the pelvic axis. If the hand is withdrawn, however, the want of support from the ligaments, perineum and vaginal walls is at once evident, by the uterus settling down again. I shall endeavor to compensate for this by removing a portion of the anterior vaginal wall, and thus diminish the size of the vagina, and at the same time produce a line of cicatricial tissue, as an additional support. To accomplish this, I shall use Nœggerath's clamp. The operation consists in drawing down a fold of the anterior wall between the blades of the clamp, taking care not to embrace the wall of the bladder; at the same time, to avoid this accident, I pass a catheter into the bladder, and observe that the surface is perfectly smooth and not included by the tissues embraced by the clamp. Silver sutures are now passed through the holes in the instrument, and the portion anterior cut off with the scissors. The clamp is now removed and the sutures brought together and twisted, thus bringing the divided surfaces together. The hemorrhage is slight, being prevented by the compression of the vessels. The patient will be kept in bed for about ten days, and the urine carefully drawn by the catheter. The sutures will then be removed, and the parts will in all probabili-

ty be united. The operation is not a painful one, and does not necessitate anesthetizing the patient. If the perineum does not regain its tonicity so as to do its part in sustaining the pelvic organs in place, perineorrhaphy will be performed. The operation which we have performed is one of the many which has been tried for prolapsus uteri. Dr. Martin, of St. Mary's Hospital, London, was the first to remove the elliptical piece of the anterior vaginal wall clear down to the bladder. His mode of operating, however, was difficult and dangerous. The invention of the method of operating by the clamp, for which the profession is indebted to Dr. Nœggerath, has simplified the whole matter, so that any one with ordinary surgical skill can operate. In using Dr. Nœggerath's clamp, I find much trouble in turning the screw at the distal end. To overcome this, I have had a crank attached, which can be turned by a lever. This brought the clamp more perfectly under the control of the operator. The holes in the clamp, through which the sutures are passed, rendered it necessary to remove the clamp in halves, and in doing this there was danger of pulling out the stitches. In place of these holes I had notches cut in the convex side of the clamp. This facilitates the removal of the clamp after the stitches are introduced.

Displacement of the Uterus—Retroversion.

CASE I.—History.—Mary H., æt. 40 years; married six years; no children and no miscarriages. Began to menstruate at sixteen years of age, and has continued to do so at regular intervals. The last twelve months the catamenial periods have been accompanied with great pain and distress. The functions of the bowels and bladder have been deranged, constipation and frequent desire to relieve the bladder being prominent symptoms.

Present Condition.—She complains of pain in the abdomen and back, headache, creeping sensations over hands and arms. Some leucorrhœal discharge and troublesome pruritus vulvæ.

Examination.—On appearing before the class, an examination was made, which revealed the cervix well forward under the pubic bones, while the body of the uterus was thrown back against the sacrum. The speculum was introduced, and the sound passed into the cavity of the uterus, completing the diagnosis of retroversion. The os was denuded of its epithelium, and there was some leucorrhœa, these conditions indicating endometritis.

CASE II.—History.—Maggie L., æt. 43 years; married two years; one child nine months ago. Began to menstruate at the age of eighteen, and has always been regular, but the last few months the menses have been attended with pain and the flow rather scanty. Her child died two months after birth.

Present Condition.—The subjective symptoms in this case are of a very general char-

acter, consisting of anorexia, headache, wandering pains in various portions of the body. Bowels are constipated. Says she is affected with piles. Has no urinary trouble.

Examination.—Digital touch reveals the cul-de-sac of Douglass filled with a hard mass, and the cervix imparts to the finger an unnatural hardness. Introducing the speculum brings to view a hard, circumscribed, granulating sore on the anterior lip of the cervix. The sound was then carried into the cavity, which was found increased to four and one fourth inches, and the condition of the uterus in a marked state of retroversion. We also find, as stated, a hemorrhoidal condition.

Comments.—We have here two cases presenting many points in their history exactly alike. In both there is backward dislocation or retroversion, an accident which occurs most frequently after child bearing, as this last case illustrates. In both we find that common accompaniment of displacement, viz., chronic endometritis. The clinical history and the physical signs obtained by examination are well marked, and leave us in no doubt about the diagnosis.

Treatment.—In discussing the treatment of these cases, we will take both together, because what applies in one is equally suitable for the other. There are minor details which must differ in these cases, but the principal management must be the same in both. The indications are to relieve the congested and ulcerated condition of the uterus, restore the natural position of the

organ, and retain it in place by mechanical means. Reducing the dislocation will help to relieve the endometritis by establishing a freer circulation of the blood in the uterus. At least one great cause of interruption to the return of the venous blood is removed by holding the uterus in its normal position. There are several modes of returning the uterus to its place, but we can only describe two of them. First, place the patient on her face and elevate her pelvis, then seize the cervix with a tenaculum and pull it backward towards the sacrum, at the same time push up the fundus uteri with a probang. I prefer, however, to use the adjuster, which I have shown you. It is simply an imitation of the human finger attached to the end of a handle and lever by which it is manipulated. The finger of the instrument is carried into the cavity of the uterus and flexed or bent forward and upward, while the distal end of the holder is carried backward. By this means the uterus is raised to its proper elevation. The point of the index finger is pressed against the cervix to hold the uterus in place, while the instrument is withdrawn. To retain the organ in place an almost endless number of instruments have been invented. For the cases under consideration, I shall employ a modification of Hodge's pessary. The exact size and shape must necessarily vary with each case. While the patients wear the pessaries the ordinary treatment for endometritis will be continued, and the general health improved by rest, diet, exercise and medicine.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Prevention of Cholera.

Dr. Mac Cormac, of Dublin, has some valuable suggestions on this subject in the *British Medical Journal*. He says:—

"No disease more strikingly attests the exceeding efficacy of early treatment than does Asiatic cholera. The evidence afforded in Glasgow, to mention no other locality, is quite conclusive on this point. Persons went daily, if not twice daily, from house to house, and wherever they found any one laboring under premonitory diarrhoea, as it was termed, they instantly administered a dose of cholera mixture, and, I believe, left other doses to be used in case of any return of the diarrhoea. The result was, that in every 1400 cases of diarrhoea thus met, there was but one death; whereas, if it had been left alone, the half of those attacked probably would have perished. It would be difficult, I think, to adduce any stronger evidence of the efficacy of remedial measures

zealously, timely, and effectively administered than this. Nevertheless, numbers died in Glasgow; and the ravages of cholera, since its first introduction into Europe, have been very great indeed.

Under these circumstances, it occurred to me that it would be excessively desirable, so far as it was possible, to anticipate even the premonitory diarrhoea. For, if only we can succeed in averting the disease, were it in its mildest form, we also avert the dangers and the mortality which more or less attend the developed malady. In 1854-5, some repairs going on, and a communication having been opened with the infected town, forty of the inmates of the District Asylum for the Insane, to which I was visiting physician, were assailed with Asiatic cholera, and seventeen almost immediately perished. I instantly caused to be prepared a large admixture of what might be termed sulphuric acid lemonade, in the proportion of half a drachm of the dilute acid to each dose, and, zealously aided by the resident physician and my son, had this administered daily to

every one of the four hundred inmates of the establishment. The twenty-three residuary cases of the forty who were attacked remained, of course, under treatment, and made good recoveries; but not a single other fresh case ensued, and the malady then and there, in fact, disappeared. In the event of the apprehended invasion of Asiatic cholera, and, *a fortiori*, when it had actually occurred, I would urge the administration, once or twice daily, to every adult member of the community, of half-drachm doses of dilute sulphuric acid, as the most generally available, in any convenient vehicle. Drinking water, previously filtered, should invariably be raised to the boiling-point; and while hot, flavored with a pinch of tea or coffee, a chip of cinnamon, quassia, gentian, dried orange-peel (any of them), or else a small fragment of highly toasted bread. In China and Japan, the water, before drinking, is almost invariably cooked and flavored with a little tea. I ascribe, indeed, much of the immunity enjoyed by the people of these countries from the ravages of Asiatic cholera to the prevalence of this most beneficial practice. To children, half or less of the above amount might be given. Of course, *il va sans dire*, that every reasonable sanitary precaution, such as burnt earth-closets and cooked drinking water, should in addition be taken. I have been at considerable pains to make these views generally known; and, assuming that I have established the prophylactic efficacy of dilute sulphuric acid, and my experience has not been confined to the instance which I narrate, the profession, if they will only take the matter up, have it, I believe, in their power to abate the ravages of cholera, and bring the malady effectively within human control.

Medical Electricity.

A correspondent of the *Boston Medical and Surgical Journal* has the following sensible remarks on this subject:—

When, some years since, my attention was first directed to electricity as a means of curing disease, the instruments themselves, I confess, presented a difficulty at the very outset; they were new to me, and, as a matter of consequence, not understood. I then had recourse to books, which began with abstract, half metaphysical discussion, extending far into the volume before any practical matter was approached. This mass of introductory matter I do not, by any means, mean to say was useless; I would only assert that it was too much labored and remote for a beginner, and that all the essential points are comparatively simple, and such as may be mastered without any unusual share of difficulty. Since this time many good works on the subject have been written, as those of Althaus, Reynolds, Tibbitts, Hamilton, Meyer, etc., and many admirable machines constructed, as those of Remak, Fromhold, Meyer, and the Galvano-Paradic Manufacturing Co. of New York;

the latter are those I now use, as being at once simple and efficacious.

While making these remarks, I am not at all to be understood as desirous of defending those itinerant and other electricians whom Rusticus so justly decries; on the contrary, such ignorant pretenders deserve no countenance, and, as in the instance of the lady with her "primary" and "secondary" who brought on hemiplegia, should be prosecuted and punished by law. All I would advance, is, that the practice of electricity is open to every physician; that the success with which he uses it will depend mainly on his knowledge of disease, and that there is no secret in this, any more than in any other department of medical science. While I would caution the public against the quack, local, itinerant, male and female, I would also remind the physician of his own ability, and encourage him to make use of electricity himself, if for no other motive than to take it out of the hands of the uneducated. It would, indeed, be a strange thing to see the country overrun with impostors who carry a "box" filled with mischief, like that of Pandora, while a medical man is obliged to look on, or send his patient to a specialist in Boston, New York, or elsewhere.

The Warmth of Clothing.

From a lecture by Dr. Von Pettenkofer, translated in the *Boston Medical and Surgical Journal*, we learn that the permeability of stuffs to air is a condition of their warmth. Of equal surfaces of the following materials, he found that they were permeated by the following relative quantities of air, the most porous, flannel, such as is used ordinarily for clothing, being taken at 100:—Flannel, 100; linen of medium fineness, 58; silk, 40; buckskin, 58; tanned leather, 1; chamois leather, 51. Hence, if the warmth of clothing depends upon the degree in which it keeps out the air from our bodies, then glove kid must be 100 times warmer than flannel, which every one knows is not the fact.

The whole question, then, is resolved into that of ventilation. If several layers of the same material be placed together, and the air be allowed to permeate through them, the ventilation through the second layer is not much less than through the first, since the meshes of the two form a system of continuous tubes of uniform diameter, and the rapidity of the movement of the air through these is affected merely by the resulting friction. Through our clothing, then, there passes a stream of air, the amount of which, as in ventilation, depends upon the size of the meshes, upon the difference of temperature between the external and internal atmosphere, and upon the velocity of the surrounding air. Our clothing, then, is required, not to prevent the admission of the air, but to regulate the same so that our nervous system shall be sensible of no movement in the air. Further, our clothes,

at the same time, regulate the temperature of the contained air, as it passes through them, so that the temperature of the air between the clothing and the surface of our body averages 29° to 30° C.

The hygroscopic property of different materials used for clothing essentially modifies their functions. This property varies with the different materials; wool, for instance, takes up more water than linen, while the latter takes up and gives off its watery contents more rapidly than the former. The more the air is displaced by water from the clothes, the less will be their power of retaining the heat; in other words, they conduct the heat more readily, and hence we are quickly chilled by wet garments.

New Theory of Diabetes.

M. Lecorché, says the *Times and Gazette*, submitted to the Academy of Medicine, of Paris, the following opinions respecting the nature of diabetes:—1. The current theories touching the pathology of diabetes refer only to certain varieties of glycosuria which have nothing to do with diabetes. They do not explain diabetic glycosuria. 2. Glycosuria, in diabetes, is only a secondary circumstance; the principal phenomenon is a tendency to disassimilation of protein substances. Diabetes may, in fact, be called azoturia. This disassimilation is the very essence of diabetes, and is characterized by the enormous quantity of urea which the patient is daily losing. 3. This protein disassimilation is the primary cause of glycosuria, which latter is simply an unimportant sequel of that cause. Protein disassimilation requires combustion, and during this combustion the oxygen leaves unattacked any glycosic substance formed in the economy; hence the existence in the urine of a quantity of sugar, which quantity increases with the amount of urea. 4. These views of the pathology of diabetes are of capital importance as regards the treatment, for they pave the way to a rational mode of treating the disease. The theories hitherto offered do not admit of such a course, as they refer only to glycosuria.

In viewing diabetes as M. Lecorché proposes (*i.e.* as azoturia, of which the glycosuria is the consequence) there is, he says, only one way of contending with the disease, namely, to endeavor, by every means in our power, to stop the loss of urea experienced by the patient. To attain this end we have only one mode of treatment at our command, the administration of cumulative remedies. Among these the principal are opium, arsenic, valerian, and perhaps bromide of potassium.

Albuminous Expectoration in Thoracentesis.

The *Doctor* says: For some months past there has been a discussion going on, especially at the Société Médicale des Hôpitaux of Paris, concerning a morbid phenomenon

observed after thoracentesis, to which Dr. Pinault had already called attention in 1863. This phenomenon or accident, which is rather rare, has been styled "albuminous expectoration." Drs. Despine, Willez, Marotte, Behler, Hérard, and others have related numerous cases of it. In March last Dr. Terrillon, prosecutor of the hospitals, published a thesis, which is considered the most important we possess on the subject. It is generally after thoracentesis made in the simplest way, that this accident takes place; but it has been noticed, and this is a capital point, in cases where the chest has been readily emptied, and the effusion has completely dried up. After a time, which varies from a quarter of an hour to an hour, the patient is seized by increasing dyspnoea, and expectorates a greater or less quantity of yellowish, stringy, and frothy mucus, which may be as much as two quarts or more. Dr. Terrillon, who has gathered twenty-one observations, has seen two patients succumb, one in less than a quarter of an hour, to the suffocation produced by the accumulation of a considerable quantity of the said liquid in the bronchi and in the trachea. This is the grave kind of attack.

In the slightest forms the expectoration only lasts about a day; but in other cases it may go on for weeks. The liquid expectorated is yellowish. It was first of all thought that perforation of the pleura was the cause of this; but M. Fereol, in a paper read before the society, admitted the passage of the fluid into the bronchi by a kind of filtration. Dr. Hérard and others consider the sero-albuminous secretion to be caused by a considerable serous congestion of the lung taking place after the evacuation of the pleural cavity by thoracentesis.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—We acknowledge the Report of the Health Officer of San Francisco for 1873.

Ninety-first Annual Catalogue of the Medical School of Harvard University.

Homocultology, an Essay.

—It is a matter of regret to see, in a journal called "*Wilson's Herald of Health*," published at Atlanta, and edited by a once reputable physician, an advertisement of a "certain cure for consumption" inserted in the editorial columns.

—A quarterly, entitled *The Chicago Journal of Nervous and Mental Disease*, edited by Drs. J. S. JEWELL and H. M. BANNISTER, is announced. It is designed

to make a scientific, yet thoroughly practical journal, treating of the special department indicated by its title.

BOOK NOTICES.

Second Annual Proceedings of the Medical Society of Washington Territory, 1873. pp. 46.

Transactions of the Michigan State Medical Society for the year 1873. Lansing: 1873. pp. 170.

Proceedings of the Nebraska State Medical Society at its Fifth Annual Session, June, 1873. Omaha: 1873. pp. 55.

Though small in size, the latter of these pamphlets contains reports of quite a number of interesting cases in medicine, surgery and obstetrics. One of recovery after extra-uterine pregnancy (reported by Dr. ROBINS, page 19), is almost unexampled. Another, of a child swallowing concentrated lye, producing stricture of the oesophagus, recovering by dilatation (reported by Dr. COFFMAN), has many surgical bearings. The section on meteorology presents a careful report on the climatic conditions of the State. The weather there is frequently cloudy ("three-quarters of the entire year cloudy," p. 38), the atmosphere, however, quite dry (about 50 per cent. of saturation), the range considerable, and the variations sudden and violent, (60° in seventy-two hours, p. 37). We are unable to see that these facts "indicate to every medical man that the climate of Nebraska is favorable to the prevention and cure of all classes of diseases of the skin, lungs, and respiratory organs generally," as the committee sanguinely say (p. 46). We should have come to quite a different conclusion. The retiring President, Dr. N. BOWEN, in his address (which has the unusual merit of brevity) urges the value of beer and wine as medicinal agents.

The Michigan *Transactions* are largely taken up with discussions on ethics, evolution, and the laws of hygiene. The President, Dr. A. B. PALMER, speaks of the "improvement of the race in accordance with law;" Dr. H. O. HITCHCOCK discourses of the laws of hygiene in their relation to schools, and Dr. R. C. KEDZIE of the same laws as applied to school buildings. Dr. EDWARD W. JENKS has an article on coccydynia; Dr.

EUGENE SMITH on aural catarrh; Dr. L. W. BLISS narrates a case of dislocation of the spine, and Dr. J. F. NOYES describes embolism of the central artery of the eye.

Washington Territory makes some highly respectable contributions to science. The Proceedings of its medical society has a sound article on compound fractures, by Dr. J. W. WAUGHOP; a case of ligation of the left external iliac, by Dr. S. F. CHAPIN; and an instance of double hernia in the left pleural cavity, by Dr. T. T. MINOR. The pamphlet is neatly printed, and speaks well for the Society.

A Dictionary of Medical Science. . . With the Accentuation and Etymology of the Terms, and French and other Synonyms. By ROBLEY DUNGLISON, M.D., LL.D., etc. A new edition, enlarged and thoroughly revised by RICHARD J. DUNGLISON, M.D. Philadelphia: Henry C. Lea, 1874. pp. 1181. Price, sheep, \$7.50.

The Dictionary of Professor Dunglison has been the standard work of reference of the American physician for nigh half a century. It has not its equal in the English language, nor its superior in any other. The more elaborate work of NYSTEN, richer in physiological detail, is far behind it in lexicographical excellence. Its eminent author, a profound and versatile scholar, occupied himself in improving it, from edition to edition, for thirty years before his death. Yet, so rich is modern science in neologisms, that the editor of the present edition—the talented son of the author—has found it necessary to include *more than six thousand* subjects and terms not embraced in the last edition, making additional matter equal to one hundred and sixty pages. The typographical arrangement has been improved, and the wearisome task of proof-reading has been completed with a uniform excellence that will really surprise any one who can appreciate the laborious difficulty of this sort of work.

All the late additions to the scientific vocabulary which have occurred to us to search for, are embraced, and we predict that others will discover but few omissions; that there should be none, is not possible to such an undertaking. The work will stand a monument of patient and productive toil, a boon to every practitioner, and an indispensable companion to every student.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JAN. 24, 1874.

D. G. BRINTON, M.D., Editor.

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NOTICE TO SUBSCRIBERS.

The MEDICAL AND SURGICAL REPORTER, the HALF-YEARLY COMPENDIUM, the PHYSICIAN'S POCKET RECORD, and the other publications of this office, will continue to appear punctually and without interruption, as heretofore. Dr. D. G. BRINTON, who has had entire charge of both the business and editorial management of the office since more than a year previous to the death of Dr. S. W. BUTLER, will retain his relations to these publications, and increased efforts will be made to maintain their high character and general popularity.

Drafts, checks, etc., should henceforth be drawn to the order of D. G. BRINTON, as business manager.

Letters, whether on business or literary matters, should be addressed

THE MEDICAL AND SURGICAL REPORTER,
115 South Seventh Street,
Philadelphia.

MEDICAL FEES.

In Great Britain a decided attempt is making toward increasing the traditional consultation fee of a guinea to double that amount. It appears from the discussions on the subject in our English contemporaries, that the fee of one guinea was fixed in the latter half of the seventeenth century, in Charles II's reign, when money, estimated at its purchasing value in beef, bread, and similar necessities of life, was worth nearly thrice its present value. Hence, if the price put upon a physician's opinion in that day was correct, at this epoch two guineas is a very reasonable fee. A very elaborate comparison of the fluctuation of prices, and a close inquiry into professional social duties have been instituted, and it looks as if the change will be generally adopted.

In Canada a similar advance on the old fee bills of thirty years ago, has already been adopted, and so far as we hear, without grumbling on the part of the public.

In this city, the College of Physicians and Surgeons have substantially abrogated the fee bill altogether. It has proved next to impossible, if not wholly so, for any one to live up to it, and it is certainly better to dispense with a fee-bill which is neither legally valid nor practically respected.

The public are aware that they must pay more for the advice of one physician than for that of another; they expect it, and it is right that the hardest student, the most earnest worker, he who by years of labor has reached eminence in his profession, should place a higher price on his opinion than his lazy neighbor, who rarely ventures into profounder depths of science than his rusty text books contain.

The objection that the profession should not be placed on a mere money basis, that it is derogatory to it to talk of it as a money getting trade, is too affected, and savors too much of "buncombe" to be worth answering, hardly worth mentioning.

To speak of what is more important to our

mind than the regulation of fees, the collection of them; would that a general rule was adopted in city and country, wherever at all feasible, to present bills monthly, and urge monthly settlements. It is no uncommon matter for physicians to lose one-third or one fourth of what is justly due them for services rendered, and much of this owed by parties who can pay if they will. The general adoption of "black lists," registers, not of the worthy poor, but of the unworthy well-to-do, who shirk their doctor's bill, and change their attendant when he becomes pressing, ought to be generally kept and often consulted. An increased attention to this financial aspect of the profession would benefit the standing of physicians and the morals of their patients.

NOTES AND COMMENTS.

Therapeutical Notes.

RHEUMATIC IRITIS.

Dr. FANO recommends solution of atropine used as an eye-wash, and the nightly administration of ten grains of Dover's powder. The patient to be warmly clad in flannel, and to abstain from the use of meat, wine, strong coffee, and spirits. The solution of atropine is made to the following strength: Distilled water, five ounces; sulphate of atropine, one grain; to be used in an eye basin every three hours, during five minutes. The eye to be shaded during the day.

PODOPHYLLIN IN CONSTIPATION.

Dr. CONSTANTIN PAUL lately read a paper on this drug at the Société de Thérapeutique, which has been published in the *Gazette Médicale de Paris*. He considers this remedy one of the most reliable in habitual constipation. He began by combining it with belladonna, as advised by Trousseau and others. When belladonna did not agree, he substituted hyoscyamus. He has now discarded all adjuvants, and gives it alone.

PHENIC ACID IN THE TREATMENT OF CHOLERA.

M. DECLAT recommends the use of phenic acid in various stages of cholera. In the premonitory diarrhoea, and in the more

marked form, should the attack be severe, he uses weak subcutaneous injections of phenic acid, two and a half to five parts, diluted in one hundred of water. Should the algid sleep appear, phenate of ammonia should be administered as a drink, dissolved in water in the same proportions, and should death appear imminent an injection, drop by drop, should be made into the veins, even up to one hundred and fifty to two hundred drops of the same solution.

He states that he has seen, by this treatment, positive resurrections.

TREATMENT OF SALIVATION BY ATROPIA.

The patient, a woman of sixty-eight years, had had two attacks of apoplexy followed by hemiplegia of the left side. On being admitted into Dr. Ebstein's wards (Breslau Hospital) profuse salivation was observed. According to the patient, it had begun a month previously. Atropia was administered internally without any effect. On the dose being increased the quantity of saliva diminished. Atropia (the sulphate) was then injected hypodermically, and after seven minutes the salivation was stopped. On doubling the dose the secretion was arrested for twelve hours. Dr. Ebstein explains the action of the drug through its influence on the permanent irritation of the secretory fibres of the salivary glands.

HYPODERMIC INJECTIONS OF BINIODE OF MERCURY IN CONSTITUTIONAL SYPHILIS.

Dr. RAGGAZONI has happily modified the formula advocated by Gamberini by adding to the solution of biniodide of mercury a little iodide of potassium, which insured the complete dissolution of the salt. His formula is: biniodide of mercury, half a grain; iodide of potassium, sufficient quantity; distilled water, half a drachm. This liquid injected at once never produces an eschar, if it is introduced properly into the conjunctival subcutaneous tissue, and not the derm.

The Non-Mercurial Treatment of Syphilis.

Dr. Herman, of Vienna, still battles for the discarding of mercury in the treatment of syphilis. He is of opinion that many of the doctrines of syphilis, as taught in the schools, are without foundation.

For ten years past, he says, the theory and practice of many German, English, French, and other State Medical men has shown that mercury is not a remedy. This teaching is now made more clear by electro-

lysis, and we know that mercury, in place of being a remedy in syphilis, may give rise to a host of diseases which may be ascribed to syphilis. In an article in the *Vienna Presse*, he proved, from statistics from his own hospital, as compared with the general hospital, that the treatment of syphilis without mercury is at least a third shorter than when mercury is used; that it is much less costly, and that the mortality is very much smaller. He therefore recommends the passing of a minute by the Congress, recommending the disuse of mercury in syphilis. He goes on to say that when once the chains which hold the schools bound in hypotheses and superstitious treatment of syphilis have been broken, and when some international congress forbids the use of mercury, with its privileged methods of poisoning, there will, as a natural consequence of this, arise more liberal views as to prostitution, which will be looked on as a necessary, or, at any rate, unextinguishable evil, and hence, again, the humane treatment of prostitutes will follow.

Tapeworm in Grouse.

A writer to the *Lancet* says:—

"Having read in some late numbers of your journal letters on the grouse disease, I was induced to examine the intestines of as many grouse as I could obtain, with the view of ascertaining whether they were generally affected with tapeworm or not. I have now examined the intestines of seventy-two birds, in all of which I have found tapeworm, with the exception of eight. It must be borne in mind that the birds which I examined were not diseased birds, in the common acceptance of the word, but marketable birds, which were eaten. In some few cases I found the intestines perforated by the worms, but of course cannot say that it was done during life. In most cases the intestine was apparently entirely blocked up with them for a length varying from two to six inches. This occurred always about the same place in the intestine."

Such investigations would be worth while to pursue in this country.

Ethiops Mineral in Cholera.

The *Central-Zeitung*, a very reliable medical paper published in Berlin, in its issue of December 3d, estimates the actual number of deaths from cholera in Hungary, from

November 1st, 1872, to November 1st, 1873, at not less than *two hundred thousand*! The official reports from Vienna this past summer give a mortality of 55 per cent. of all cases!

These frightful figures give renewed importance to the alleged value of the ethiops mineral as a preventive and a cure, as advocated by Dr. Cadet, of Rome. That gentleman has kindly forwarded us a copy of *Il Tagliamento*, a weekly journal published at Pordenone, a town of about 5000 inhabitants in northeastern Italy. That locality was swept by the epidemic last summer, but Pordenone escaped, and Dr. Guiseppe Francesconi relates how. Besides the usual hygienic directions, every case of choleraic disease was at once put upon the ethiops mineral, and nothing else, except chloral in some cases. "The result was beyond all expectation. Only two deaths occurred, and both in neglected cases." No quarantine or cordon was established. Such success deserves general imitation.

Ethereal Tincture of Iodoform.

M. ODIN found that, when solutions were made in white glass bottles, the color changed after a little time from canary yellow to brown; iodine was liberated, and could be detected by starch paper. This change took place more quickly if the crystals of iodoform were previously pulverized. Of solutions prepared in red glass bottles, those made with crystals remained unaltered, those made with powdered crystals changed after a few days. In regard to solubility, it was found that ether of 65° Baumé dissolved 25.195 per cent. of iodoform; 62° B., 18.694 per cent.; 56° B., 16.044 per cent. The conclusion was to adopt the following formula:—

Iodoform in crystals,	1 gramme,
Ether of 65° Baumé,	4 grammes.

Administration of Phosphate of Lime.

This substance is too insoluble in most menstrua to allow its use in suitable doses. A small quantity is dissolved in the stomach by the hydrochloric acid of the gastric juice, and it is present in a state of solution in the blood, urine, and other fluids of the body. But when it is administered in the normal state, the greater part passes into the feces and is lost. Satisfactory results can only be obtained by giving it in solution; and its best solvent is the one which it meets in the

stomach, namely, hydrochloric acid. If a chemically pure bibasic phosphate of lime be used, a few drops of hydrochloric acid in a tablespoonful of water will dissolve one gramme. By introducing phosphate of lime into the stomach under this form, its absorption is facilitated in the highest degree, without impoverishing the gastric juice to the detriment of digestion.

Resin of Copalba.

Mr. GERRARD suggests (*Pharmaceutical Journal*, iv, 63) the following. Take of

Resin of copalba,	15 grains;
Compound powder of almonds,	30 grains;
Water to	1 ounce.

Rub the resin with the powder until well incorporated, then add the water to form an emulsion. This forms, he says, a cream-colored emulsion, having but a faint odor of copalba. This may be removed by the addition of compound tincture of lavender, which at the same time imparts an agreeable pink tint.

To Disguise Castor Oil.

A writer in a Canadian *Pharmaceutical Journal* recommends for this purpose the following formula:—

R. Ol. ricini.	℥j.
Ol. anisi,	gtt x.
Chloroform,	gtt x.
Shake well together, then add	
Mucil. acacie,	℥ss.

Shake well and make up to two ounces of water.

Mr. Gregory, in the *Amer. Jour. of Pharmacy* says:—

For some twelve or fourteen years past I have used the following formula for a Castor Oil draught, which has proved very acceptable to adults who could not get down the pure oil. For children it does not answer so well, the dose of necessity being double that of the oil:—

R. Ol. ricini,	℥j.
Mucil. acacie,	℥ij.
Shake well together, then add	
Syr. simp.	℥ij

Scarlatina Contagion.

Dr. SNOW, of Providence, remarks in his last monthly report as Registrar:—The epidemic of scarlatina still continues, and will probably do so with greater or less severity, until warm weather. Many physicians, perhaps a majority, believe scarlatina to be contagious; some think it is highly

contagious. People who think so, will, of course, act according to their belief. I have seen no reason, in the present epidemic, to change the opinion, formed from twenty years' close observation, that it is not contagious, in the ordinary meaning of that word.

Tar and Wild Cherry Bark.

The *American Pharmaceutical Journal* says:—

There are many cases of disease in the treatment of which the physician may wish to combine the properties of tar with those of wild cherry bark; if so, an elegant and valuable combination of this kind may be formed in the following manner:—

R. Tar, pure,	one pint.
Infusion wild cherry bark,	four pints.

To the infusion, in a suitable bottle, or other air-tight vessel, add the tar. Set it aside to macerate for two or three days. Stir the mixture well with a stick, and shake it vigorously frequently during the maceration. Then filter through paper.

Missionary Mortality.

The Rev. John A. Vinton has prepared some interesting statistics of the mortality of American missionaries at various foreign stations. In Western Africa, Southern India, Southern China, and the Indian Archipelago, the mortality has been from three to nearly seven times as great as the American Experience Tables indicate, while in the Sandwich Islands and in Southern Africa the aggregate mortality has been less. In the Sandwich Islands, though lying within the tropics, the mountainous nature of the country enables foreigners to select places of residence where the air is as mild as in the mountains of Tennessee; and in South Africa, the mission stations are on an elevated plateau.

But in all that belt of country commencing with Turkey, and extending eastward and southward through Syria, Persia, India, and Southern China, and especially in the Indian ocean, the mortality of American missionaries has been excessive. In these countries, fevers and the cholera have caused a large ratio of the deaths, while only a very small number have died by violence.

In all the unhealthy countries, with the singular exception of Persia, the mortality among women is much greater than among

men. This may be partly accounted for by the younger age of embarkation and the less previous exposure to hardship. Among the missionaries to Turkey, the mortality among females who embarked under the age of twenty-five has been about two and a half times as great as among those who were older at the time of leaving home. Among the female lives in the Sandwich Islands, we find eleven deaths between the ages of twenty-five and thirty-nine inclusive, while the tabular mortality calls for a fraction over six.

CORRESPONDENCE.

Valerian in Convulsions

EDS. MED. AND SURG. REPORTER:—

Of late it has been my lot to attend quite a number of little patients affected with convulsions. The patients presented symptoms which were pretty uniform, as follows:—

The attack generally commenced in the eyes, which were fixed in one position at first, staring, but as the cases advanced they became agitated, and were turned up beneath the upper eyelids, leaving only the whites visible. The eyelids were sometimes open, sometimes shut; and not infrequently the eyes were crossed, with pupils dilated or contracted. The muscles of the face next became affected, and the contractions produced at various times violent contortions, the mouth being distorted, sometimes the jaws firmly set, or, again, in violent motion. In a few cases there was foaming at the mouth. In the severer ones, when the spasm became general the whole body was convulsed violently; the head was thrown backward or to either side, the body becoming stiff and rigid, or variously contorted. The fingers and thumbs were drawn into the palms of the hands, the arms thrown backward, or jerked and drawn into all conceivable positions. The lower extremities were likewise sometimes affected, but not generally in so violent a manner. The duration of the "fit" was different in different cases, sometimes continuing for an hour or more, and in the milder cases only lasting for a few minutes.

The most common causes are irritation of bowels, from indigestible food, teething, worms, excessive crying and pains, anger and joy. A dangerous form results from overloading the stomach with indigestible food. The most serious case I ever saw to recover was the result of feasting on a large quantity of grapes. The eruptive fevers very frequently produce them. The list of causes might be increased, as I believe the causation may arise from many other sources.

The prognosis in those cases, for the most part, may be favorable, as I believe all will recover except those complicated in some way with cerebral trouble,

The first thing I have done is to prepare a warm bath and put the child in as soon as possible. Where the attacks are very light, a foot bath, with a little mustard, is sufficient; but in the more severe cases, the bath must be a general one. As for medication, I have relied entirely on fluid extract of valerian, in doses varying from $\frac{3}{4}$ to a 3, mixed in water and administered as often as fifteen or twenty minutes between the spasms, persistently repeated, with an occasional mild injection of warm water and assafoetida, which gave results so satisfactory that when called to cases of this character I do not feel justified in adopting any other mode of treatment.

Respectfully,

J. M. HALL, M. D.

Fayetteville, Ohio.

Cerebro-Spinal Meningitis and its Treatment.

EDS. MED. AND SURG. REPORTER:—

Your cordial invitation extended to country practitioners some time ago, for their experience, induces me to send you the following suggestions relative to the disease popularly known as "*spotted fever*;" the more particularly as we are now meeting with comparative success.

It would seem, from the medical literature on the subject, that, to meet with partial success in the treatment is almost out of the question.

Cerebro-spinal meningitis has prevailed more or less in the winter or spring in this locality for the past several years, threatening to become epidemic; at one time it committed dreadful ravages. This place is noted for its great local insalubrity.

Without attempting to define the cause, pathology, etc., I have deduced from my observations the following propositions:—

1. There is a profound alteration of the blood.
2. The meteorological conditions favoring its development is cold, wet or changeable weather.
3. It is confined to an area of country of about five square miles.
4. It sustains a relation to erysipelas.
5. All other diseases take on unusually severe action during its prevalence.
6. There are premonitory signs of sickness.
7. In general, "spots" appear sooner or later.
8. The minimum and maximum duration of both cases of recovery and death is from twenty-four hours to ten weeks.
9. The rate of mortality is as three to five.

Treatment.—The remedies used, and those upon which we place the most reliance, are the following, but irrespectively, for all are quite essential:—

In the commencement we are in the habit of administering a large dose of calomel, followed in a few hours, if necessary, by Epsom salts; after the bowels have been thoroughly moved, active diaphoresis should be instituted and maintained a considerable length of time, which we accomplish

through the agency of hot bricks wrapped in wet cloths, placed in such proximity as to retain the vapor. This form of sweating we think best adapted. The form of the anodyne and sedative is the following, viz: Potas. bromid., gr. xx to xxx, morph. sulph., gr. 1-6 to 1-4, in water, averaging a dose about once in two or three hours, according to the effect and urgency of the symptoms. This combination serves the purpose admirably. Of course the prompt application of a blister (fly) to the nape of the neck should never be neglected even in those cases that are apparently mild; subsequently dressing as usual. Cold application to the head, stimulating pediluvia, and mustard draughts to pit of stomach or bowels, are also proper in the most of cases.

But probably the most important of all remedies is the alterative and tonic compound of quinia sulphas, and tr. ferri chloridi, given in as large doses as consistent with the tolerance of the stomach, and I have thought sometimes a minute quantity of arsenic in addition enhanced the value of the prescription.

Large doses of opium, hydrate chloral, chloroform, or any of its kindred preparations, should be, according to our judgment, prohibited. Arterial stimulation may be admissible late in the disease, but rarely is productive of any good.

S. V. CROOKS, M. D.

Lake, Indiana, Jan., 1874.

NEWS AND MISCELLANY.

Erratum.

In our notice of the death of Dr. Pentz (cur. vol. p. 44) we inadvertently gave his residence at Altoona, Pa. It should have been York, Pa.

The Philadelphia Obstetrical Society.

The following officers have been elected for 1874:—

President.—Dr. A. H. Smith.

Vice Presidents.—Dr. J. L. Ludlow, Dr. J. S. Parry.

Secretary.—Dr. Jas. V. Ingham.

Treasurer.—Dr. D. Murray Cheston.

Curator.—Dr. Wm. F. Jenks.

Publication Committee.—Dr. Wm. Goodell, Dr. W. F. Jenks, Dr. J. H. Packard, Dr. R. G. Curtin.

Council.—Dr. L. D. Harlow, Dr. R. P. Harris, Dr. J. F. Wilson, Dr. Elwood Wilson.

Reports from Physicians.

We are requested to publish the following:—
HEALTH OFFICE, PHILADA., Jan 10, 1873.

Physicians are requested to transmit to this office such records of births as have not yet been presented for registration.

By order of the Board of Health.

Wm. P. TROTCH, Chief Clerk.

The New York State Medical Society.

The next annual meeting of this society will be held at Albany, N. Y., commencing on Tuesday, the third of February. Dr. E. M. Moore, of Rochester, is president, and Dr. W. H. Barley, of Albany, secretary. The report of the Committee on Hygiene, Dr. A. N. Bell, of Brooklyn, chairman, is looked forward to with much interest. It will be the first attempt ever made in the State to secure accurate information on the following subjects: 1st. To what extent are the diseases of your county due to insufficient drainage? 2d. How many acres of marsh land have you in your county? 3d. Have you intermittent diseases not attributable to marshy deposits, but to soil saturation? 4th. Are there in your county places where intermittent fever has disappeared as a result of systematic drainage of the surface saturation? 5th. What system of drainage is necessary to render your county free from malarious diseases? The question of who shall publish their "Transactions" will also be important. This has been done by the State, but the organization of a Homœopathic and Eclectic State societies, each claiming from the State the publication of their ponderous volumes, has lessened the number. Now only about four thousand are issued, which are inadequate to meet the demands. The Homœopaths and Eclectics have the other four thousand, and are urging for more every year. It is proposed to publish them by the society, and raise the quality as well as the general character of the volume. The demand for the "Transactions" abroad (principally from societies) has been constantly increasing, and it is hoped that if the society publish its own "Transactions," it will afford an opportunity for gathering a library, by exchange, of great value in the future.

O.

The Centennial—Proceedings of the Philadelphia County Medical Society.

At the semi-monthly meeting of the Philadelphia County Medical Society, Dr. Frederick Horner, Jr., United States Navy, on invitation, called the attention of the Society to the importance of issuing a circular of invitation to the members of the medical profession in the United States, inviting them to co-operate with the profession in Philadelphia to make the approaching Centennial Celebration, in 1876, a success.

He quoted also from a letter which he had received from Frederick Fraley, Secretary of the Centennial Finance Committee, and which indicates how the medical profession may contribute to the honor and success of the Centennial.

Dr. Horner made, in the conclusion of his remarks, an earnest appeal to the Society to take prompt action on the above important suggestions; that it would be well to extend the invitation to the physicians of Canada, and even South America, as our International Fair would be strictly, in one sense, an American exhibition, and if their circular were sent to

State, county and city medical societies of our country, success would be certain.

Remarks to the same effect were made by Drs. M. O'Hara, J. G. Stetler and L. Turnbull, whereupon a committee, consisting of Drs. Turnbull, Stetler and O'Hara, were appointed to draft resolutions and report at the next stated meeting.

Philadelphia County Medical Society.

The next conversational meeting will be held on January 28th, 1874, at 8 o'clock, P. M. Dr. William Goodell will make remarks on the rapid dilatation of the womb for the treatment of some uterine affections. All regular practitioners of medicine are cordially invited.

A Strange Discovery.

The *Echo du Parlement*, a Belgium paper, publishes a curious letter from Hasselt, announcing the discovery of a succedaneum for coal. The letter says:—"Two days ago a poor peasant of our neighborhood went the round of all the coffee houses with a sack containing earth. He said he had found the means of heating rooms with that substance impregnated with a solution of soda. He made the experiment before a crowd of people, and succeeded.

"Next day the whole town was in great excitement. Everybody had tried the new discovery, and I did the same. Following the man's instructions I filled a scuttle three quarters with small coal and the remaining fourth with a vegetable mould. I then sent for a half-penny worth of common carbonate of soda, which I dissolved in half a litre of water, and then mixed up with the rest. This quantity has been sufficient to warm my room from two o'clock in the afternoon to seven in the evening, at which hour I am penning this."

Vaccine.

Will some of the many who have received virus from us return us some? We need it for others.

—Dr. J. A. P. Scott, the oldest physician at Mason, Columbia county, S. C., died recently. He was a member of the South Carolina Legislature fifty years ago.

—Hon. John French, formerly a resident of Bath, N. H., died in Beloit, Wis., Dec. 25th, aged 93 years and six months, the oldest physician in the State.

—Dr. J. H. Whittemore, recently of Hartford, resumed his post of Assistant Superintendent of McLean Asylum, in Somerville, Jan. 1.

QUERIES AND REPLIES.

Surgeon.—We are not aware that either this City or State has granted any medals or similar tokens to officers in the late war.

OBITUARY.

ANSON PARKER HOOKER.

The death of Dr. Anson Parker Hooker, of Cambridge, Mass., occurred Wednesday afternoon, Dec. 31st, at 1 o'clock, at his residence, after a brief illness from typhoid pneumonia. Dr. Hooker was a son of Dr. Anson Hooker, recently deceased, a graduate of Harvard College, and a member of the Massachusetts Medical Society. He served as Surgeon of the Twenty-sixth Regiment during the first year of the war, receiving his commission September 10, 1861, and his discharge, on account of sickness, June 18, 1862. He was commissioned by Governor Andrew, May 26, 1863, as Assistant Surgeon-General of Massachusetts, and he has held that position throughout the several administrations up to his death. He has suffered, during the last years of his life, from the disease which he contracted in the service, and, though by no means a strong man, has labored incessantly in his profession, and has had the care of an extensive practice. Dr. Hooker was a member of the Massachusetts House of Representatives in 1867 and 1868. For several years past he has been a member of the Cambridge School Committee, and at the last municipal election was re-elected for three years. As a private gentleman his unostentatious charity and kindness of heart have endeared his memory to many who have been the recipients of his bounty, and his many attractions have made him the friend of all who have been associated with him in private or public life.

MARRIAGES.

BRUCE—TILSON.—In Braintree, Vt., by Rev. E. Gerry, Martin Bruce, M. D., of Braintreeboro, and Miss Nancy J. Tilson, of Braintree.

HAMLIN—MCWAIN.—In Waltham, Mass., 22d ult., by the Rev. M. R. Leonard, Dr. E. L. Hamlin, of Boston, and Miss H. Emilie McWain, of Waltham.

LAWRENCE—COOKE.—On Thursday, January 8, at Trinity Chapel, by Rev. F. C. Ewer, assisted by Rev. T. McK. Brown, Wm. H. C. Lawrence, of Boston, and Annie H., daughter of Dr. C. L. Cooke, of New York.

MURRAY—WRIGHT.—On December 24, 1873, at the residence of the bride's father, by the Rev. Wm. Lewis, Dr. J. P. Murray and Mrs. Adelia A. Wright, widowed daughter of P. H. Cole, Esq., all of Stone Fort, Ill.

WAITE—LEONARD.—In this city, at the residence of Mrs. Graham, No. 502 Shawmut avenue, by the Rev. George C. Lorimer, Dr. Alton E. Waite and Miss Amy J. Leonard, both of Boston.

DEATHS.

BROWNELL.—At Auburn, N. Y., January 7, aged 80 years, Mary, wife of Dr. Moses Brownell.

HUTTON.—At Shenandoah, Pa., Jan. 9th, Hannah Lapette, wife of Dr. T. J. Hutton, in the 22d year of her age, of puerperal fever. Her babe survives.

KLINE.—In Catawissa, Pa., December 26th, 1873, Elisha Benson, son of Dr. L. B. and Desda Kline, aged two months.

TOWNSEND.—At No. 211 West 14th street, Jan. 8, in the 65th year of his age, John Fonday Townsend, M. D., only son of the late Charles De Kay Townsend, M. D., of Albany.

WALLENS.—On the 4th inst., at Somerville, N. J., Dr. Miles W. Wallens, son of the late Joseph S. Wallens.